

## INSTRUCTIONS FOR NEW APPLICATION

If additional space is needed for answering any questions, use continuation sheets or plain white paper.

- 1-3. Names, address and telephone/fax numbers of organization.
4. Select type of application.
5. Select appropriate categories prior to filling out this data. (See 22 CFR 62 .2 CFR 62 .4 and 22 CFR 62.20-30.)
- 6-10. Complete information on program and program sponsor.

**IF TRAINING PROGRAM**, identify appropriate fields and specialties/non-specialties: 01-Arts & Culture; 02-Information Media and Communications; 03-Education, Social Sciences, Library Science, Counseling and Social Services; 04-Management, Business, Commerce and Finance; 05-Health Related Occupations; 06-Aviation; 07-The Sciences, Engineering, Architecture, Mathematics and, Industrial Occupations; 08-Construction and Building Trades; 09-Agriculture, Forestry and Fishing; 10-Public Administration and Law; 11-Other (Specify).

11-12. Certification. Citizenship for new applicants requires certification below.

### CITIZENSHIP (22 CFR 62.2 and 5)

#### (a) Organization

I hereby certify that I am an officer of this program with the title of \_\_\_\_\_ (specify); that I am authorized to sign this certification and bind \_\_\_\_\_ (name of organization); and that a true copy certified by the \_\_\_\_\_ (specify) of such authorization is attached. I further certify that \_\_\_\_\_ (name of organization) is a citizen of the United States as that term is defined at 22 CFR 62.2

\_\_\_\_\_ (Name of organization) agrees that its inability to substantiate its representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all DS-2019 forms transferred to it.

#### (b) Responsible Officer or Alternate Responsible Officer

I hereby certify that I am (Check One) ☐ Responsible ☐ Alternate Responsible Officer for this program and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence). Name of organization: \_\_\_\_\_ agrees that my inability to substantiate my citizenship or status as a legal permanent resident will result in the immediate withdrawal of its designation and the immediate return of or accounting for all DS-2019 forms transferred to it (22 CFR 62.2). I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

Signed in ink (Name): \_\_\_\_\_ (Print Name) \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ NOTARY PUBLIC

#### DOS USE ONLY

Type of Program: \_\_\_\_\_

Subtype if applicable: \_\_\_\_\_

No. Forms DS-2019: (Formerly IAP-66) \_\_\_\_\_

Categories: \_\_\_\_\_

#### PLEASE RETURN FORM TO:

Office of Exchange Coordination and Designation  
Bureau of Educational and Cultural Affairs  
U.S. Department of State, SA-44 Room 734  
Washington, DC 20547



U.S. Department of State  
**EXCHANGE VISITOR PROGRAM APPLICATION**  
**OFFICE OF EXCHANGE COORDINATION AND DESIGNATION**

OMB APPROVAL NO. 1405-0120  
EXPIRATION DATE: 09/30/2005  
ESTIMATED BURDEN: 8 Hours  
\*See Page 3

1. Name and Address of Sponsoring Organization								Serial No. (DOS Use)			
2. Name and Title of Responsible Officer				Telephone/Fax Number				4. Type of Application (check one) NEW _____ AMENDMENT _____ (See top of Page 3) REDESIGNATION _____ (See Page 3)			
3. Name and Title of Alternate Responsible Officer				Telephone/Fax Number							
SECTION I - PROGRAM PARTICIPANT DATA											
5. Participation by Category (indicate the total and approximate duration of participation in each category)											
Type	No.	Dur.	Type	No.	Dur.	Type	No.	Dur.	Type	No.	Dur.
1. Student:			3. Teacher			7. Gov't Visitor			11. Camp Counselor		
a) High School			4. Professor			8. Research Scholar			12. Summer Work/Travel		
b) Col/Univ			5. Int'l Visitor			9. Short-term Scholar			13. Au Pair		
2. Trainee:			6. Alien Physician			10. Specialist					
a) Specialty			(See Title 22 Code of Federal Regulations, Part 62)								
b) Non-specialty											
6. Method of Selection and Arrangements for Financial Support of Exchange Visitor while in the U. S. (specify source and amount of funding, as appropriate.)											
SECTION II - PROGRAM DATA											
7. Purpose or Objective											
8. Outline of Proposed Activities											
9. Arrangements for Supervision											
10. Role of Other Organizations Associated with Program (if any)											
SECTION III - CERTIFICATION											
11. Citizenship Certification of Organization and Responsible Officer (See Page 3)											
12. I certify that the information given in this application is true to the best of my knowledge and belief and that I have completed appropriate information on page 3 of this form, if applicable. Print Name of Responsible Officer											
Signature of Responsible Officer								Date (mm-dd-yyyy)			
Print Name of Chief Executive Officer											
Signature of Chief Executive Officer								Date (mm-dd-yyyy)			
(CEO's signature also certifies that the Responsible Officer will be provided sufficient staff and resources to fulfill his/her duties and obligations on behalf of the sponsor.)											



U.S. Department of State  
**APPLICATION FOR REDESIGNATION AND/OR AMENDMENT**

OMB APPROVAL NO. 1405-0120  
EXPIRATION DATE: 09/30/2005  
ESTIMATED BURDEN: 8 Hours

If this application includes an amendment, complete pages 2 and 3. If this application is for redesignation only, complete page 3.

Name of Organization \_\_\_\_\_ Program Number: \_\_\_\_\_

If your organization is applying for redesignation, please certify to the following:

I hereby certify that as an officer of the organization making application for an exchange program under 22 CFR 62.7 that the following documents previously submitted to the U. S. Department of State, Office of Exchange Coordination and Designation, and information contained therein has not changed in any material way since designation/redesignation.

- (1) Evidence of status as a legal entity, such as enabling legislation for public post-secondary institutions or Articles of Incorporation and By-Laws and current Certificate of Good Standing.
- (2) Evidence of sponsor's financial solvency.
- (3) Evidence of Accreditation if a post-secondary educational institution or a flight training program.
- (4) Evidence of Licensing.
- (5) Evidence of organization's tax-exempt status, if applicable.
- (6) Program categories and activities in which the organization has been engaged have not changed since the previous designation, unless authorized by DOS.
- (7) Citizenship.

**Organization** I hereby certify that I am an officer of the above named organization with the title of \_\_\_\_\_; that I am authorized by the \_\_\_\_\_; to sign this certification and bind the organization and that a true copy of such authorization is on file with the Office of Exchange Coordination and Designation or is attached. I further certify that the organization holds the requisite citizenship status vis-a-vis the United States as that term is defined in 22 CFR 62.2. The organization agrees that its inability to substantiate its representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all DS-2019 forms disbursed to it. **Further, I certify that the Responsible/Alternate Responsible Officer(s) of this program will be provided with sufficient staff and resources to carry out all duties and obligations mandated by program designation and U.S. immigration and nationality laws pertaining thereto.**

Signed in ink (Name) \_\_\_\_\_ (Print Name) \_\_\_\_\_

Title \_\_\_\_\_

**CERTIFICATION OF REQUIREMENTS 1-7**

I hereby certify that I am the responsible officer for this program, and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence). The organization agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and the immediate return of or accounting for all DS-2019 forms (22 CFR 62.2).

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both".

Signed in ink (Name) \_\_\_\_\_ (Print Name) \_\_\_\_\_

Responsible Officer

Title \_\_\_\_\_

Signed in ink (Name) \_\_\_\_\_ (Print Name) \_\_\_\_\_

Notary Public

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. **NOTARY PUBLIC**

**DOS USE ONLY**

Type of Program: \_\_\_\_\_

Subtype, if applicable: \_\_\_\_\_

Categories: \_\_\_\_\_

**PLEASE RETURN FORM TO**

Office of Exchange Coordination and Designation  
Bureau of Educational and Cultural Affairs  
U.S. Department of State, SA-44 Room 734  
Washington, DC 20547

OMB NOTICE: Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. DOS has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, public and private organizations. The information is to be used in evaluating prospective Exchange Visitor Program sponsors. Responses are mandatory. An Agency/or organization may not conduct or sponsor, and the respondent is not required to respond to, a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average eight (8) hours per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to: A/RPS/DIR, U.S. Department of State, Washington, DC 20520